

## Statement of Health and Safety

Malvern Special Families has the maintenance of safe and healthy working environment at all its activities as one of its declared objectives. The Trustees are resolved to take all necessary measures throughout the organisation to promote this objective. On a day to day basis the Chief Executive Officer is the responsible person.

It is therefore Malvern Special Families policy, so far as is reasonably practical, to ensure that at all activities organised by Malvern Special Families, the buildings, facilities, equipment and the environment are safe for the benefit of all children, families, employees and visitors. In particular Malvern Special Families Trustees will take all reasonable practical steps in the light of current knowledge, and will provide the necessary resources to ensure that:

- Safe methods of working for employees are developed and maintained.
- Employees are provided with sufficient information, instruction, training and supervision to enable them to work safely and without endangering other people, and to contribute to the reduction of risks at Malvern Special Families activities.
- Risk assessments are undertaken at each venue used by Malvern Special Families.

### Organisation

The ultimate responsibility within Malvern Special Families for health and safety rests with the Trustees. They will annually appraise the effectiveness of the health and safety policy and ensure that such revisions are undertaken, as are necessary.

Fundamental to the achievement of this policy is the need for co-operation amongst all employees to ensure that Malvern Special Families can achieve its overall policy objective. Malvern Special Families requires its employees to take a mature and intelligent attitude towards health and safety and to do all that they can to minimise the possibility of any accident or injury occurring.

Effective joint consultation on health and safety will be maintained so that the collective advice of all concerned contributes to the establishment of safe places of work for employees and a safe environment for the children, families and visitors.

All employees have a duty under the Health and Safety at Work Act to take reasonable care with regard to the health and safety of themselves and others. They should make themselves aware of, and co-operate in the implementation of Malvern Special Families policy, its procedures and all relevant statutory documents and codes of practice, to ensure a safe working environment.

### Arrangements

Malvern Special Families health and safety objectives shall be achieved through:

- Implementation of effective management control through development and maintenance of the health and safety policy and structure in which responsibilities and accountability are clearly defined and understood;
- Adoption of risk assessment techniques to enable hazards to be identified and appropriate action to be taken to minimise risks;
- Promotion of an open culture in which health and safety development are clearly communicated and in which concerns of the employees may be readily discussed;
- Abiding by national standards in care from Ofsted;
- Establishment of arrangements to secure advice and assistance on health and safety matters, from competent independent specialists if needed;
- Recognition of the value of joint consultation with nominated representatives of the staff and trustees;
- Arrangements for recording and reporting of accidents as necessary.

Details for implementing the above arrangements are laid out in the document entitled "Procedures."

Signed (Malvern Special Families Chairperson)

Date

Signed (Malvern Special Families Chief Executive Officer)

Date

*Note:*

*Whenever the holders of these posts change then this statement should be reprinted and signed by both of the new post holders.*

**List of contents**

- 1) Reviewing and information procedures
- 2) Risk assessment
- 3) Maintenance of Toys/Equipment
- 4) Children with care Plans
- 5) Staff ratios
- 6) Sun Exposure
- 7) First Aid
- 8) Accident/incident and near miss reporting
- 9) Reporting of incidents – RIDDOR
- 10) Assaults on staff
- 11) Electrical equipment
- 12) Blood borne diseases
- 13) Fire and other emergency arrangements
- 14) Manual handling
- 15) Outside visits and trips
- 16) Pregnant and nursing mothers
- 17) Working alone
- 18) Working conditions
- 19) Display Screen Equipment
- 20) Staff Wellbeing
- 21) Insurance

**1. REVIEWING AND INFORMATION PROCEDURES**

- Health and Safety will appear as an agenda item at every meeting of Trustees.
- Health and Safety will appear as an agenda item at every general staff meeting.
- Health and Safety will appear as an agenda item at every Playleader meeting.
- A copy of the leaflet “Health and Safety Law- what you need to know” will be given to each Trustee and new member of staff and volunteer when they commence employment with Malvern Special Families.
- A copy of all Malvern Special Families policies including the Health and Safety Policy and Procedures will be available at all Malvern Special Families clubs.

**2. RISK ASSESSMENT**

The Management of Health and Safety at Work Regulations 1992 require risk assessments to be undertaken in all workplaces for all **significant** hazards. These must be recorded if there are more than 5 employees.

**Trivial** risks can be ignored, as can the risks associated with everyday life unless the risk is compounded by the work situation.

A *hazard* is something with the potential to cause harm.

A *risk* is the likelihood that a hazard will cause harm.

*Risk potential* combines the likelihood with the extent of the potential harm.

**General risk assessment procedure**

The aim of this is to identify any areas of potential danger (hazards) and to eliminate them or, if this is not possible, to reduce the risks as far as is possible. The premises owner will share any relevant risk assessment with club staff and equally, club staff will share any relevant risk assessment with the owner.

- 1) Identify any activities, equipment, facilities or procedures that give rise to a significant hazard in the area under consideration. Consider and record all perceived hazards in an area first and then decide which are significant.
- 2) Consider and record which groups of people are likely to be put at risk (e.g. children, staff)
- 3) Consider and record the nature of the hazard and the type of harm it might cause.
- 4) Consider what precautions or control measures are necessary and whether existing ones are adequate or can be improved in any way to reduce the risk potential so far as is possible.

- 5) Record the assessment in a clear and suitable format.
- 6) Review the risk assessment periodically or if any significant factors (e.g. staff, children, premises) change.
- 7) All children's files include a personal risk management form which is updated annually at a minimum.

### **3. MAINTENANCE OF TOYS AND PLAY EQUIPMENT**

Staff will ensure that toys and equipment are stored in a safe manner, both those which are stored away from the children, and those which the children have access to.

- An inventory will be kept of all toys and equipment for each individual setting
- Toys will be checked on a regular basis, to establish whether they are broken or have missing parts, and to make sure they are clean and safe for the children to play with
- Toys or pieces of equipment which are found to be unsuitable will be crossed off the inventory and disposed of safely
- When these toys or pieces of equipment are removed from the inventory, staff will decide whether the item should be replaced, or whether a different item should be purchased. Toys and equipment will be cleaned on a regular basis
- When setting up large pieces of equipment, staff should use appropriate handling methods, and seek help when necessary

### **4. CHILDREN WITH CARE PLANS**

MSF recognises that some children may have medical conditions that require support so that they can attend our clubs and take part in the activities.

- Parents/carers are expected to inform the MSF office of any change in their child's condition or medication requirements.
- Parents/carers are expected to supply the Club staff with any life-saving prescription medication their child may require.
- Relevant staff are briefed on the child's medical requirements and administration of any medication.
- Copies of Health Care Plans can be accessed by all staff members in each child's red file.

#### **Medication**

Competent staff members shall only administer prescription or non-prescription medication to pupils where there is a health reason to do so and we have received written consent from the parent/carer (e.g. penicillin, ear/eye drops, cough mixture, allergy creams & pills and travel sickness pills).

Staff members will not administer a greater dose than the official recommended dosage unless with doctor's prescribed permission.

Competent, trained staff members shall administer life-saving prescription medication to children in accordance with their health care plan and with written consent from their parent/carer (e.g. for anaphylaxis, asthma, diabetes, epilepsy).

Medicine consent forms are issued to parent/carers upon registration. Forms are also available for parental completion at all clubs.

All medication will be stored in accordance with product instructions, in their original container and in a safe and secure location, out of reach of pupils. If stated, the medication may need to be stored in the fridge.

(See Medication Policy)

### **5. STAFF RATIO AND SUPERVISION**

Due to the detailed and sometimes complex needs of the children that use our clubs there is a need to keep accurate staff ratios.

All of our children are given at least a 1:4 ratios and there are some children that require keyworkers on a 1:2, 1:1 and sometimes even 2:1 basis in order to meet their needs and keep them safe.

Staff are requested to work according to their availability and their training, skills and experience.

The needs of the children booked in are matched with the skills of the staff available for the club date.

Where a risk assessment identifies that a child is at higher risk of injury during a certain activity or trip, we will support them with a higher staffing ratio.

### **6. SUN EXPOSURE**

MSF recognises the risk to children of over-exposure to the sun and has made the following arrangements to minimise the risk:

Parents/carers are encouraged to apply sun cream to their child at the beginning of the day during periods of hot weather.

Supervising staff are to ensure that during hot weather, children:

- wear sun hats when outside.
- are encouraged to drink plenty of water.
- are encouraged to sit in shaded areas when outside.
- Aim to cover up with a t-shirt, hat and sunglasses.

### **7. FIRST AID**

MSF Health & Safety Policy

Updated January 2020

There will be at least one person qualified in first aid and a first aid box present at every MSF activity. After each club, the playleader will ensure that sufficient stocks are maintained and that supplies are disposed of when out of date. In practice the Deputy playleader and playleader are trained, with many playworkers also trained. Paediatric first Aid Training is held by the playleader and deputy at our Ofsted registered clubs, in addition to Emergency First Aid in the Workplace.

The first aid box should contain:

- 1 guidance leaflet giving general first aid advice
- Disposable gloves (at least one pair of medium and large)
- 10 individually wrapped medical wipes
- 20 individually wrapped sterile adhesive dressings (plasters) in assorted sizes
- 2 triangular bandages
- 2 sterile eye pads
- 3 large size (approx 18cm x 18cm) wrapped, sterile un-medicated dressing
- 10 safety pins
- 1 pair of rustproof blunt-ended scissors

Following any accident or injury, the following steps will be taken to ensure that the correct help is given as quickly as possible.

- 1) The injured person will not be moved if there is any suspicion that doing so could exacerbate their injuries.
- 2) The first aider will examine the injured person and give such treatment as is appropriate or possible.
- 3) If hospital treatment is necessary, an ambulance should be called. Staff should not use their own cars to take injured persons to hospital unless there are exceptional reasons for doing so. These reasons will be recorded within 24 hours of the incident.
- 4) The parent or guardian of a child will be contacted as quickly as possible and asked to join their child, as soon as possible, at the MSF event or hospital. There must be no delay to treatment or despatch of the injured child to hospital while waiting for parents or guardians to arrive.
- 5) A member of staff must accompany the child to hospital in the ambulance unless parents have arrived to do so, or requested not to do so by the ambulance crew. The staff member will wait at the hospital until the parent arrives.
- 6) Staff accompanying a child to hospital are not able to give consent for a child's treatment, but should take with them any consent form for treatment which has been signed by the child's parent or guardian in the child's red file.
- 7) The Accident and Near Miss Reporting File should be completed as soon as possible and the MSF Service Manager informed.

## **8. ACCIDENT/INCIDENT AND NEAR MISS REPORTING**

### **All accidents**

In the event of an accident/incident to a child their parent/guardian should either be contacted immediately by the playleader or at the end of the club depending on the seriousness of the accident.

All accidents and near misses happening to employees, volunteers, children, visitors and trustees will be recorded in the appropriate Accident and Incident Reporting Forms and a duplicate sent promptly to the Service Manager:

Malvern Special Families,

First Floor Offices

73 Church Street

Malvern WR14 2AE

Email: [office@malvernspecialfamilies.org.uk](mailto:office@malvernspecialfamilies.org.uk)

The following information will be recorded as the minimum:

- 1) Date and Time
- 2) Name of injured (or nearly injured) person
- 3) Place of accident
- 4) Nature of injury
- 5) How the injury was caused
- 6) Treatment given/action taken
- 7) Staff attending the person injured

All serious incidents/accidents must be reported to the Service Manager immediately or if not available to the CEO or a Trustee.

### **Near misses**

Near misses are situations where an injury was not caused, but could have been. It is important that they are recorded and reported to the Malvern Special Families Service Manager as it helps to identify areas where it may be possible to prevent an accident from happening in the future.

## 9. REPORTING OF INCIDENTS - RIDDOR

RIDDOR is the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations** (revised 2013). This legislation requires the reporting of specific work-related accidents, diseases and dangerous occurrences to the relevant enforcing authority. Within Worcestershire this may be Worcestershire Regulatory Services or the Health and Safety Executive (HSE).

Relevant accidents and incidents can now be reported via the [RIDDOR website](#).

Once completed the online form is submitted directly to the RIDDOR database and you will be given a copy for your records. Fatal and major injuries only can still be reported to the Incident Contact Centre (ICC) over the telephone. Please call the ICC on 0845 300 9923 (opening hours Monday to Friday, 8:30am to 5:00pm).

Full information about reporting accidents or incidents, including emergency out of hours contact details is available from the HSE site.

Reporting accidents and ill health at work is a legal requirement. The information enables the enforcing authorities to identify where and how risks arise and to investigate serious accidents. As an employer MSF has duties under the RIDDOR regulations.

The Chief Executive Officer is responsible for ensuring that all necessary incidents are reported. These are only the most serious incidents. For most organisations a reportable incident is a rare event.

The law requires the following work-related incidents to be reported:

- deaths
- major injuries (see below)
- over 7-day injuries - where an employee or self-employed person is away from work or unable to work normally for more than 7 consecutive days
- injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital
- some work-related diseases (see below)
- dangerous occurrences - where something happens that does not result in an injury, but could have done.

Reportable major injuries:

- fracture other than to fingers, thumbs or toes
- amputation
- dislocation of the shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours.

Reportable diseases:

- certain poisonings
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne
- lung diseases including occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma
- infections such as leptospirosis, hepatitis, tuberculosis, anthrax, legionellosis and tetanus
- other conditions such as: occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome.

Further Information: Contact Worcestershire Regulatory Services for any questions about whether you need to report an accident or incident or who you should report it to at [enquiries@worcestersregservices.gov.uk](mailto:enquiries@worcestersregservices.gov.uk) Tel: 01905 822799

## 10. ASSAULTS ON STAFF

Physical attacks on staff by service users should always be reported and taken seriously, with consideration given as to what caused the incident and how a repetition may be avoided. (see MSF Behaviour management policy). The Playleader will ensure that the Accident/Incident report form is completed by the member of staff involved. This will be passed to the Service Manager.

They should always be reported whether or not there has been a physical injury sustained. It is understood that the children who attend MSF activities may cause injury to staff without fully understanding what they are doing due to challenging behaviour presented as part of their condition.

## **11. ELECTRICAL EQUIPMENT**

Electrical equipment will be treated with great care.

**Great care will be exercised when using two or three way adapters to ensure they are not overloaded. The use of extension leads should be avoided wherever possible and they should never be allowed to trail across gangways.**

Inspection and testing of electrical equipment is important and all appliances will be inspected and tested annually by a trained electrician. For electrical equipment used elsewhere a visual inspection will detect 95% of all faults and should include the following:

- Ensure that the mains lead and plug are not damaged.
- Check that the outer casing of the lead is held firmly at both ends and that there are no individual coloured conductors showing at either end.
- Ensure that the top of the plug is securely fitted.

Appliances should be fitted with the correct fuse.

Appliances will also be observed whenever they are used and if seen to be faulty their use should be discontinued.

## **12. BLOOD BORNE DISEASES**

Precautions against infection by blood borne diseases will be taken whenever it becomes necessary to deal with any body fluids, including blood, urine and vomit. The main danger is of infection by HIV or Hepatitis B viruses, particularly the latter as the virus can remain active for long periods well below body temperature. Hepatitis A and C viruses can also cause serious infections.

### **Dealing with body fluid spillages including bleeding:**

- Disposable gloves will be worn by all staff having to deal with spillages of body fluids, no matter how small. Gloves will not be reused, and if punctured during a procedure will be replaced immediately. Hands will be washed before and after taking off the gloves.
- Disposable aprons will be available and should be worn if there is any danger of the spillage being splashed onto the clothing.
- Spillages of blood, vomit, urine or diarrhoea will be cleared up as quickly as possible. Disinfectant will be available which should be applied to the spillage, which should then be covered with paper towels. It should then be wiped up with paper towels and the surface rinsed with water before being dried. The spillage should be wiped up immediately if its position will create a hazard e.g. in the middle of a busy room. Body fluid disposal kits will be used when available.
- External bleeding will be dealt with by normal First Aid methods. If surgical dressings or other materials are used as compresses to stop bleeding they will be treated and disposed of as contaminated waste. When bleeding has stopped, the area surrounding the wound should be washed with soapy water, any blood splashed onto the person giving First Aid should be washed off with plenty of water as soon as possible and immediately if the mouth or eyes are splashed.
- Gloves, paper towels and contaminated dressings or other materials should be sealed in a plastic bag and disposed of in the waste bin. Hands should be washed again at the end of the treatment.
- Contaminated waste: If the spillage comes from a person known to be infected with a blood-borne virus, waste (including nappies, incontinence pads, sanitary towels etc.) will be double wrapped in yellow bags and arrangements made for it to be removed for incineration.
- Vaccination against Hepatitis B is available from General Medical Practitioners should staff consider themselves at special risk of infection, following an incident in work at a Malvern Special families club. This vaccination should be offered for free by the NHS under these circumstances. If the vaccination is not offered for free by the member of staff's General Practitioner, the cost will be met by Malvern Special Families.

## **13. FIRE AND OTHER EMERGENCY ARRANGEMENTS**

**Staff should familiarise themselves with the fire escape routes and fire evacuation procedures of the building in which they are situated at the beginning of each event. Fire evacuation plans will be on the risk assessment forms for the setting.**

- A register will be taken of every person entering and leaving the building, which, in the event of an emergency evacuation should be taken to the assembly point by the person with overall responsibility. At our clubs, this is the playleader.
- All fire and escape routes must remain unobstructed at all times and external doors must never be locked when the building is occupied.

- All staff are familiarised with the fire procedures during their induction.
- Fire drills are held once a term and a record kept of each drill.
- In the event of a bomb warning the fire alarm will be sounded and the building evacuated as if for a fire. The police will be notified immediately and no entry will be made into the building until clearance is given by the police.

#### 14. MANUAL HANDLING

The Manual Handling Operations Regulations 1992 (amended 2002) were introduced to help reduce the very high incidence of injuries related to manual handling in all areas of work. They require that an assessment of risk is undertaken for any manual handling activities where there is a significant risk of injury or where an individual person is limited in their capability by their particular circumstances (e.g. pregnancy) or by previous injury. The regulations do not require the assessment of trivial handling tasks, but there are many situations where other factors will combine to change an apparently low risk activity into one with a high risk of injury.

All members of staff will be given a staff handbook during their induction with appropriate manual handling advice. Additional training is available with special reference to the needs of the physically disabled children attending MSF activities. All staff using hoists to move children must attend the relevant training. (Please see Manual Handling Policy)

#### 15. OUTSIDE VISITS AND TRIPS

**Outside visits and trips will have a named playleader who will have overall responsibility for the day-to-day management and safety of everyone attending the trip.** There will be sufficient staff ratio to allow all the children's needs to be met. As a minimum staff must allow for the possibility that one or more of the staff team might have to leave the party e.g. to accompany a child to hospital following an accident. There should be sufficient staff left to supervise the party adequately.

Unless the accompanying staff are extremely familiar with the area to be visited, a preliminary planning visit is absolutely essential. Risk assessments of any significant hazards that may be encountered during the visit (including the journey to and from the venue) will be completed. All staff and accompanying adults must be aware of potential hazards and must adequately supervise and control the group in their charge.

Playleaders should be aware of the medical needs of all the children in the group. A First Aid kit should be taken on every trip and each trip should have a qualified first aider present.

Parents will be given the following information in writing prior to the visit or journey. This information will include:

- Purpose and destination of the visit
- Dates, places and times of departure and arrival
- Full cost of the visit
- The method of transport to be used
- Emergency contact number

#### Transport

The transport of children in the cars of staff or other parents on MSF trips and outings is discouraged. MSF cannot be accountable for the state or safe repair of any vehicles, or for the standard of driving of parents or members of staff in their own cars.

#### Minibuses

As a legal minimum, the driver of the minibus regularly used by the group, is obliged to:

- be over 25 years of age
- have a Class D1 entitlement on their driving license

*If a driver has passed their driving test before 1997* then they should automatically have a D1 entitlement on their driving license, but it is necessary for any intending minibus drivers to check this. When a license has been renewed after 1997 then the D1 entitlement is left off unless it is specifically requested.

*If a driver has passed their driving test after 1997* then they need to take a separate Ministry of Transport test for minibus drivers to get a D1 entitlement. There is an exception to this rule for volunteer drivers providing that the vehicle contains 17 or less passengers (including the driver)

MSF takes seriously the responsibility of drivers of minibuses and therefore expects all its volunteer minibus drivers to satisfy the requirements of the County Council Minibus Drivers Assessment (contact Road Safety Unit at County Hall tel: 01905-763763 and ask for Road Safety)

#### Driving Times

- After 2-2 ½ hours of driving then a break of 15 minutes should be taken
- After 4 ½ hours of driving then a break of 45 minutes should be taken.
- There should be a second driver to share the driving on longer journeys.

#### **Tail lift operation and wheelchair clamping**

Specific training in tail lift operation and wheelchair clamping will be given to drivers and escorts as necessary.

#### **In the event of any accident or emergency**

- Contact the appropriate emergency service;
- Make sure that all members of the party are accounted for;
- Remove the adult passengers and children to a safely supervised place unless it is decided that they are safer to remain in the damaged vehicle;
- If there are any injuries, administer appropriate first aid if possible;
- Any adults accompanying children to hospital should take parental consent forms, red files if available and appropriate medical information with them;
- Contact the MSF Service Manager as soon as possible, if unavailable the CEO or a Trustee.

#### **Farm Visits.**

Special precautions are recommended during farm visits to reduce risk of infection from animals. These are summarised as follows:

- Check that the farm is well managed with public areas and grounds as clean as possible with good hand washing facilities available. Dangerous areas should be clearly signed.
- No food should be consumed anywhere other than in areas set aside for eating, which should be inaccessible to animals.
- Cuts and grazes should be covered with dressings.
- After contact with animals hands should be thoroughly washed.
- No unpasteurised dairy produce or animal feedstuffs or unwashed crops should be consumed.
- Volunteers or staff members who are known to be pregnant will not go on farm visits.

### **16. PREGNANT AND NURSING MOTHERS**

An amendment to the Management of Health and Safety at Work Regulations 1992 requires that particular account should be taken of risks to new and expectant mothers when undertaking risk assessments. This means that extra risk assessments should be undertaken for staff who become pregnant or who return to work while still breastfeeding.

- Adequate rest facilities should be available
- Manual handling should be avoided so far as is possible in the later stages of pregnancy, not only to avoid damage to the unborn child, but also because there can be a greater susceptibility to injury.
- Certain infectious diseases notably rubella, TB, typhoid and chickenpox can affect the unborn child and staff who are pregnant should avoid contact with children or others who are known to have these diseases.

### **17. WORKING ALONE**

Working alone can be defined as work in any situation where the ability to summon assistance is impossible.

Members of staff should try to avoid working alone where possible, but if it is necessary should carry out a risk assessment and take sensible precautions to prevent the entry of unwanted visitors into the premises and ensure that they are able to make contact to request outside help if it is needed.

If a member of staff needs to work alone they should always inform another responsible person of the situation. If a home visit or meeting alone with another person is made, then a responsible person should be informed of the place and time of meeting and the person being met. (see Lone Working Policy)

### **18. WORKING CONDITIONS**

#### **Indoor temperatures**

The minimum working temperature in an administrative office should be 16°C.

The maximum working temperature in an administrative office should be that which is comfortable.

#### **Lighting and Ventilation**

This should be adequate for the work being done.



### **Room Dimensions and Working Space**

For administrative offices the total volume of the room when empty should allow 11 cubic metres per person normally working in it.

### **Smoking and Non-smoking Areas**

MSF operates a non-smoking policy in its office and at all of its activities. Staff are not permitted to take smoking breaks.

### **Staff taking medications/other substances**

If staff are taking medication which may affect their ability to care for children, they should declare it on their health declaration form when accepting a post and seek medical advice. Staff medication on the premises must be securely stored and out of reach of children at all times.

Staff being unfit to work due to being under the influence of alcohol, drugs or any other substance which may affect their ability to care for children, will be deemed as gross misconduct and disciplinary procedures will be enforced.

## **19. DISPLAY SCREEN EQUIPMENT**

In accordance with the Health & Safety (Display Screen Equipment) Regulations (1992), as amended 2002, the following arrangements are in place to manage the risk to significant users of display screen equipment:

A display screen equipment assessment shall be conducted by a member of the office staff, and reviewed annually, or following significant changes to their work activities, or following a report of deterioration of the user's eyesight or general health.

Where assessments indicate a risk to the user, changes to their work activities, equipment or system of work shall be considered.

Significant users shall be provided with training and information relevant to their display screen equipment and workstation usage in order to minimise risks.

Significant users are entitled to an eyesight test every 2 years by a qualified optician, and corrective glasses if required specifically for display screen equipment use.

NB: Significant users are those who use computers for continuous/near continuous spells of an hour at a time or more.

## **20. STAFF WELLBEING**

MSF recognises that the mental and physical wellbeing of our employees is key to the running of a successful service.

Staff are asked about their wellbeing and work/life balance during their supervisions and annual appraisals.

All employees must declare to the Service Manager any medical condition and regular medication they require, as well as providing emergency contact details for use in emergencies. All employee records shall be treated as confidential.

Employees may discuss in confidence with the Service Manager any personal health or domestic issue which they feel may impact on their role at the clubs.

Employees must report to the CEO any incidents relating to staff wellbeing such as violence, intimidation, stress or bullying.

## **21. INSURANCE**

MSF have purchased, and shall maintain, suitable levels of public liability insurance to cover our activities, facilities and events.

Insurance certificates are held at all settings and are available for inspection by all interested parties.